

Josh's Hope Foundation, Inc.
GENERAL INFORMATION FORM

Return completed application to info@joshshopefoundation.org –or– mail to:
Josh's Hope • Attn: Program Admissions • 40 Terry Brook Lane • Hillsborough, NC 27278 • FAX: 919.400.4411

THIS FORM IS TO BE COMPLETED BY THE POTENTIAL CLIENT BEING CONSIDERED FOR THE PROGRAM OR BY THE CLIENT'S LEGAL GUARDIAN.

Today's Date: _____ Availability to begin program (month and year): _____

Name of Person Completing this form: _____ I am the ☐ potential client ☐ Legal Guardian

Potential Client's Name (first, middle, last): _____ Prefer to be called by: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male ☐ Prefer to not be identified

Currently resides:

☐ At home with family ☐ Independently in house or apartment ☐ Group Home Facility (name): _____

Residential Address (street address, city/state/zip): _____

Mailing Address if different from street address: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

CURRENT DIAGNOSIS(ES):

Mental Illness: ☐ ADHD ☐ Bipolar ☐ Anxiety ☐ Depression ☐ Schizophrenia ☐ Schizoaffective

☐ PTSD ☐ Personality Disorder (type): _____ ☐ Other: _____

☐ Autism Spectrum ☐ Functioning Level: ☐ low ☐ moderate ☐ high

Date of last mental health evaluation (approximate month and year): _____

Does Applicant have any medical/physical restrictions which could prevent him/her from standing or sitting for long periods of time, lifting heavy items over 20 pounds, mobility issues, vision or hearing loss, learning disability, etc?

If so, please state which: _____

Does Applicant currently work alongside a Community Guide or other one-on-one support person? ☐ YES ☐ NO

Does Applicant currently participate in mental health therapy (psychologist or clinical social worker)? ☐ YES ☐ NO

Does Applicant currently utilize a medication manager (psychiatrist)? ☐ YES ☐ NO

Is Applicant a client of NC Vocational Rehabilitation Services (NC-VR)? ☐ YES (case worker's name: _____) ☐ NO

Type of transportation Applicant will utilize to attend the program? ☐ Personal or Parent vehicle ☐ Public Transportation

☐ None ☐ Other: _____

Does Applicant currently have a Legal Guardian? If so, include name of Legal Guardian. ☐ YES (name: _____) ☐ NO

Applicant currently has: ☐ Medicaid ☐ Medicare ☐ Social Security (SSI or SSDI) ☐ None of those

Has Applicant been previously employed in the last six months? ☐ YES (where?): _____ ☐ NO

Applicant is interested in learning which of the following skills: ☐ woodworking ☐ welding/plasma cutting ☐ Independent Life Skills

☐ Ceramics/pottery ☐ basic computer ☐ beekeeping ☐ poultry care ☐ lawn maintenance ☐ Other: _____

Signature of Person completing this form: _____

Print Name of Person completing this form: _____